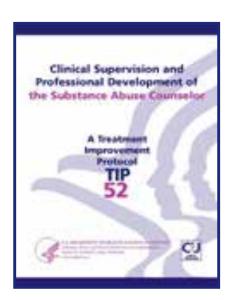# Quick Guide

For Administrators

Based on TIP 52

Clinical Supervision and Professional Development of the Substance Abuse Counselor

Contents

Quick Guide

For Administrators

Based on TIP 52

Clinical Supervision and Professional Development of the Substance Abuse Counselor

This Quick Guide is based entirely on information contained in TIP 52, published in 2009. No additional research has been conducted to update this topic since publication of TIP 52.

WHY A QUICK GUIDE?

This Quick Guide provides succinct, easily accessible information to substance abuse clinical administrators as they support the improvement of clinical supervision skills in staff. The Guide is based entirely on *Clinical Supervision and Professional Development of the Substance Abuse Counselor,* Number 52 in the Treatment Improvement Protocol (TIP) series.

Users of the Quick Guide are invited to consult the primary source, TIP 52, for more information on education and training in clinical supervision skills. To order a copy of TIP 52 or to access it online, see the inside back cover of this Guide.

DISCLAIMER

The opinions expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described is intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

WHAT IS A TIP?

The TIP series provides professionals in behavioral health and related fields with consensus-based, field-reviewed guidelines on behavioral health treatment topics of vital current interest. TIPs have been published by SAMHSA since 1991.

TIP 52, *Clinical Supervision and Professional Development of the Substance Abuse Counselor:*

- Presents guidelines for clinical supervision in the substance abuse treatment field.

- Covers supervision methods and models, cultural competence, ethical and legal issues, and performance monitoring.

- Includes an implementation guide for program administrators.

BENEFITS AND RATIONALE

A successful clinical supervision program begins with the administrators' support. Administrators communicate values, benefits, and the integral role of clinical supervision in quality care, staff morale and retention, and overall professional development. Being able to discuss specific benefits of clinical supervision will:

- Increase the likelihood of internal support.

- Enhance the organization's ability to deliver quality supervision.

- Add marketability for funding opportunities.

Administrative Benefits
Clinical supervision ensures that employees:

- Follow agency policies and procedures.

- Comply with regulatory accreditation standards.

- Promote the mission, values, and goals of the organization.

Supervision provides administrators with tools to:

- Evaluate job performance.

- Maintain communication between administrators and counselors.

- Facilitate conflict resolution.

- Hold personnel accountable for quality job performance.

Clinical supervision:

- Increases an organization's ability to respond to risk, thereby reducing overall liability.

- Addresses human resource issues, including staff satisfaction and retention of personnel.

- Provides marketing benefits by improving the agency's overall reputation in the community and among other service providers.

Clinical Services Benefits

Clinical supervision helps staff:

- Continuously improve quality of care.

- Understand and respond more effectively to clinical situations.

- Prevent clinical crises from escalating.

It specifically addresses:

- Assessment.

- Case conceptualization.

- Treatment strategies.

- Discharge planning.

- The unique needs of each client.

Clinical supervision provides a mechanism to ensure that clinical directives are followed and facilitates the implementation and improvement of evidence-based practices (EBPs). It also enhances the organization's cultural competence by consistently maintaining a multicultural perspective.

Definition of Supervision

The Technical Assistance Publication (TAP) 21-A, *Competencies for Substance Abuse Treatment Clinical Supervisors* (p. 3), defines clinical supervision as a "social influence process that occurs over time, in which the supervisor participates with supervisees to ensure quality clinical care. Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning, and professional development." Supervision can improve client outcomes and increase staff members' sensitivity and responsiveness to diversity issues among staff, with clients, and between staff and clients.

Professional Development Benefits

Quality clinical supervision has been shown to:

- Increase staff retention through professional skills development and increased competency.

- Provide the forum for expanding current clinical practices, intellectual stimulation, emotional support, and improvement in critical thinking.

- Support staff in obtaining and maintaining professional credentials.

- Provide information and guidance about key contextual factors that may influence work performance, such as culture, lifestyles, and beliefs.

Workforce Development Benefits

Supervision by trained and qualified supervisors:

- Aids in recruitment and retention of personnel.

- Improves staff morale and motivation.

- Promotes counselor wellness.

- Promotes the overall development of the substance abuse treatment field by upgrading the credentials, knowledge, skills, and attitudes of personnel.

Program Evaluation and Research Benefits

Supervisors can tie implementation of program evaluation and/or research into quality client care by:

- Providing staff with the rationale for the initiative.

- Connecting it to client outcomes.

- Communicating achievements and challenges to the evaluators.

Clinical supervision can also provide the mechanism for data gathering and information retrieval in support of the new projects and programmatic innovations.

For more detailed information, see TIP 52, Part 2, A Guide for Administrators, Chapter 1, pages 87–88.

KEY ISSUES FOR ADMINISTRATORS IN CLINICAL SUPERVISION

Administrative and Clinical Tasks of Supervisors

In most organizations, the administrative and clinical supervisor is the same person who:

- Carries a client caseload (reduced somewhat from that of nonsupervisory counselors).

- Performs administrative duties.

- Writes grant proposals.

- Serves as project manager.

- Supervises the clinical performance of counselors.

The clinical supervisor may also be involved in these administrative tasks:

- Staff recruitment and selection

- Orientation and placement of employees

- Work planning and assignments

- Monitoring, coordinating, reviewing, and evaluating work

- Staff communications both up and down the chain of command

- Advocating for client and clinician needs

- Acting as a buffer between administrators and counselors

- Acting as a change agent and community liaison

Assessing Organizational Structure and Readiness for Clinical Supervision

In implementing a clinical supervision program, an important first step is to evaluate the agency's preparedness to support the functions of clinical supervision by identifying the agency's culture and organizational structure. Organizational readiness scales and attitude inventories can be helpful in the process of assessing and adopting EBPs. Administrators need to assess:

- How decisions are made within the organization.

- How authority is defined and handled.

- How power is defined.

- How information is communicated.

- How the organizational structure influences supervisory relationships, process, and outcome.
- The overall cultural proficiency of the organization.

Organizational issues to consider before a clinical supervision program is implemented include:

- Organizational context.
- Clinical competence.
- Motivation.
- Supervisory relationships.
- Environmental variables.
- Methods and techniques.

Potential barriers to implementing or improving a clinical supervision program include:

- Lack of familiarity with supervision methods and techniques.
- The need for further training for supervisors.
- Lack of technical equipment, such as video cameras.

It is helpful to develop a timeframe for addressing the most important barriers.

For more detailed information, see TIP 52, Part 2, A Guide for Administrators, Chapter 1, pages 88–89.

ADMINISTRATIVE AND CLINICAL SUPERVISION

Most supervisors perform both administrative and clinical supervisory functions. Distinguishing between these roles can be difficult. Generally:

- **Administrative supervisors** support the supervisees' functioning within the organization. Areas of emphasis include:

  - Organizational accountability.
  - Case records.
  - Referrals.
  - Performance reviews.
  - Other tasks that do not directly relate to client services.

- **Clinical supervisors** focus on client services, including:

  - The therapeutic relationship.
  - Assessment and interventions.
  - Client welfare.

Many of these tasks are complementary. Administrators and supervisors must be mindful of the different roles and of the inherent ethical, relational, and role conflict issues.

For more detailed information, see TIP 52, Part 2, A Guide for Administrators, Chapter 1, pages 89–90.

LEGAL AND ETHICAL ISSUES FOR ADMINISTRATORS

Administrators should:

- Work with supervisors to define and document legal and ethical standards for the agency, in writing.

- Train all personnel, consistently and continually, in the agency's legal and ethical standards, and also in changing case law and legislation affecting clinical practice.

- Reinforce support for supervisors who face situations in which legal and ethical issues may arise.

- Help supervisors develop a process for ethical decisionmaking as supervisors.

- Help supervisors develop a process for teaching ethical decisionmaking to counselors.

Key issues for both administrators and supervisors include:

- Direct and vicarious liability.

- Confidentiality:
    - Informed consent and due process.
    - Supervisor and counselor scope of competence.
    - Dual relationships.

*For more detailed information, see TIP 52, Part 2,
A Guide for Administrators, Chapter 1,
pages 90–91.*

DIVERSITY AND CULTURAL COMPETENCE

Administrators should:

- Continually improve their own cultural competence in order to teach and support staff.

- Receive training in cultural competence.

- Initiate discussions of differences regarding both clinical work with clients and supervisory and team relationships. Areas of diversity include:

  - Race.
  - Ethnicity.
  - Gender.
  - Religion.
  - Socioeconomic status.
  - Sexual orientation.
  - Disability.

Such discussions promote the acceptance of diversity and cultural issues as appropriate topics of discussion and allow the supervisor the opportunity to model culturally competent behaviors.

To appreciate the importance of cultural competence, counselors must first recognize how their own cultural views affect their relationships. From there, supervisors can help supervisees understand how their own diversity variables affect their interactions with clients.

Administrators should be watchful for problems that can arise in the supervisory relationship when supervisors are of a different race, culture, or ethnicity than their supervisees. Four areas that might present challenges include:

- Unintentional racism.

- Power dynamics.

- Trust and vulnerability.

- Communication issues.

For more detailed information, see TIP 52, Part 2, A Guide for Administrators, Chapter 1, page 91.

DEVELOPING A MODEL FOR CLINICAL SUPERVISION

An organization must develop a model for clinical supervision that best fits its needs. An effective model will keep the target clear: ensuring that the client receives better service through the clinical supervision program. In addition, an effective model will:

- Begin with the supervisors' unique management or leadership styles and levels of proficiency, the organization's philosophy about clinical supervision, and the specialized client needs for clinical supervision.

- Improve counselor competence, make work more manageable, encourage staff to stretch beyond their current capabilities, build mastery and growth, and meet the needs of the client, counselor, agency, and credentialing bodies.

- Encourage supervisees to grow professionally in their understanding of culture, race, religion, gender, and sexual orientation, as these issues are presented clinically.

For more detailed information, see TIP 52, Part 2, A Guide for Administrators, Chapter 1, page 92.

IMPLEMENTING A CLINICAL SUPERVISION PROGRAM

To ensure a smooth transition to the new supervision program, an agency will need to:

- Define or clarify the rationale, purpose, and methods for delivering clinical supervision.

- Ensure that agency management fully understands and supports the changes that need to be made.

- Provide training and support in supervisory knowledge and skill development.

- Orient clinicians to the new supervision rationale and procedures.

Guidelines for Phasing in a Clinical Supervision System

- Be clear on goals of supervision (e.g., it is a way to support and reach the agency's mission).

- Be familiar with:

  - Skills and competencies outlined in TAP 21-A.
  - Other experience or credentialing requirements.

- Confirm clinical supervisors' competence; invest in additional training as needed for potential supervisors.

- Provide a clear statement of support, including rationale, verbally and in writing, to:

  - All levels of administration.
  - Counselors.
  - Support staff.

- Create a Change Team composed of agency representatives who:

  - Can serve as the link between administration and the supervision system.
  - Are committed to quality care and the supervision process.
  - Are familiar with the process of supervision.
  - Have a clinical background.
  - Have a thorough understanding of the agency's model and techniques of supervision.

- Direct the Change Team to:

  - Read and understand the importance of TAP 21, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*, and 21-A, and discuss with clinical supervisors.
  - Draft formal policies and procedures.

- Hold an all-staff meeting to:

  - Feature the organization's view of clinical supervision.
  - Explain how it will be implemented.
  - Distribute the formal policy and procedure.

- Provide necessary training, time, and funding.

- Pilot the supervision program in selected units of the organization.

Counselor Evaluation Issues in the Clinical Supervision Plan

For each counselor, supervisors should:

- Discuss the supervisory contract or agreement.

- Determine training needs and goals.

- Develop an Individual Development Plan (IDP).

- Observe the counselor in action before rating abilities.

- Compare ratings with counselor self-ratings and discuss.

- Schedule formal, frequent, and regular individual sessions.

- Document supervisory sessions.

- Follow the IDP.

To conduct direct observation, supervisors should:

- Design an implementation strategy.

- Establish a weekly rotation schedule for the observation of each counselor over the next 3 months.

- Initially provide feedback individually, and then move toward a group supervision model.

- Provide feedback and review the IDP.

- Document direct observation using appropriate forms.

In addition, supervisors can:

- Develop incentive plans.

- Create a sustainable treatment team by:
  - Creating an atmosphere of learning.
  - Including clinical supervision policy and procedure in the orientation of new staff.

- Develop a system of supervision of clinical supervisors (e.g., create a supervisory peer group, hire a consultant to provide supervision), which may include:

  - Direct observation (e.g., videotape a supervision session for the supervisor's supervisor to review).
  - Required competencies for supervisors.
  - Recordkeeping.
  - Recruiting personnel to provide supervisor's supervision, if needed.

Phasing in a Clinical Supervision Program

The steps below have been found to be helpful in phasing in a clinical supervision program. Although

the list is provided sequentially, an agency's needs will determine the timeframe for and selection of objectives.

Phase I: Organization and Creation of a Structure

- Assess and describe the agency culture (including assets and deficits), selecting either assets to build on or deficits for remediation, or both, regarding clinical supervision.

- Assess the facility's policies and procedures to determine a clinical supervision system's feasibility and practicality (e.g., presence of clinical supervisory staff, availability of direct observation technology).

- Examine job descriptions to determine staff scope of practice and competence.

- Reach consensus among the Change Team members about the definition of clinical supervision and its key components for that agency.

- Publicize this consensus statement to all personnel, introducing staff to the new supervisory model and clearly communicating expectations for the delivery and outcomes of clinical supervision.

- With all personnel, discuss and introduce clinical supervision policies and procedures.

- Review the organization's cultural competence as it relates to the client populations served.

- Develop documentation and accountability systems.

Phase II: Implementation

- Implement a supervisory contract, including informed consent, with all staff.

- Assess the quality of the supervisory relationship and devise interventions to strengthen the learning alliance.

- Conduct counselor assessments to establish competency baselines.

- Design initial supervisory goals and measurable objectives for each counselor.

- Use strengths-based approaches where appropriate and possible.

- Develop a program of supervising supervision.

Phase III: Establishing a Training Plan and Learning Goals

- Complete a written IDP for each counselor.

- Provide focused, on-the-job training.

- Identify clinical supervision quality indicators to monitor the quality assurance program for the agency.

- Periodically review job descriptions and evaluation procedures to ensure that counselor competencies are sound.

- Review each counselor's ability to perform the TAP 21 competencies.

Phase IV: Improving Performance

Proficiency in the Addiction Counseling Competencies (TAP 21) and the International Certification and Reciprocity Consortium 12 Core Functions should be the subject of continuous assessment and professional development during clinical supervision. In addition:

- Align the clinical supervision goals to the agency's mission, values, and approach.

- Create risk-management policies and practices and monitor adherence.

- Address the cultural competence of personnel in supervision.

- Use formative and summative evaluation and feedback procedures to inform the clinical supervision process.

- Develop quality improvement plans for the agency, including clinical supervisory procedures.

- Address and encourage counselor and staff wellness programs.

- Invest in counselor and staff training.

- Foster staff from within, continually seeking individuals with the potential to become tomorrow's supervisors.

Documentation and Recordkeeping

Primary purposes of documentation are to:

- Serve as the legal record for the delivery of supervision.

- Support the development of a thoughtful plan for both quality client care and professional development.

A good clinical supervision record should include:

- Requirements for counselor credentialing.

- The counselor's regularly updated resume.

- A copy of the informed consent document.

- A copy of the clinical supervision contract.

- The current IDP.

- A copy of formative and summative evaluations.

- A log of clinical supervision sessions.

- A brief summary of each supervision session.

- A risk-management review summary.

Evaluation

Goals of evaluation include:

- Reviewing job performance.

- Assessing progress toward professional development goals.

- Eliciting future learning goals.

- Assessing fitness for duty and scope of competence.

- Providing feedback to staff on adherence to agency policies, procedures, and values.

The IDP can be the basis for evaluation. Each counselor should have a development plan that takes into account his or her counseling developmental level. There are two forms of evaluation:

- Formative evaluation:

  - Focuses on progress.
  - Is regularly provided.
  - Gives feedback to employees regarding their attainment of the knowledge, skills, and attitudes necessary to do their jobs.

- Summative evaluation:

  - Is a formal process that rates employees' overall ability to do their jobs.

- Takes into account many variables (e.g., range and number of clients seen, issues addressed).
- Addresses the nature of the supervisory relationship and goals for future training.

Conducting an evaluation involves exercising authority and power. When supervisors evaluate counselors, they are also evaluating themselves and their effectiveness as supervisors. The evaluation process brings up many emotions for both parties. In providing feedback, supervisors should:

- Provide positive, constructive input.

- Differentiate between data-based and qualitative judgments about job performance.

- State observations clearly and directly.

- Prioritize key areas for review, rather than flood the counselor with an all-inclusive review.

Supervisees prefer:

- Clear explanations.

- Written feedback whenever possible.

- Feedback matched to their level of expertise.

- Encouragement, support, and opportunities for self-evaluation.

- Specific suggestions for change.

Feedback should be:

- Frequent.

- As objective as possible.

- Consistent.

- Credible.

- Balanced.

- Specific, Measurable, Attainable, Realistic, and Timely (SMART).

- Reduced to a few main points.

Supporting Clinical Supervisors in Their Jobs

To show support for clinical supervision, ask, "Is the organization's climate for change, tolerance, and commitment conducive to efficient implementation of a clinical supervision program?" To assess the organization's receptivity to supervision, the following issues need to be addressed:

- How does the organization value accountability?

- Are there clear expectations of accountability for personnel?

- How is supervision tied to an employee's ongoing performance improvement plan?

- How effectively does the organization manage day-to-day operations?

- To what extent does the organization view itself as a learning environment?

- Does the organization value communication and relationships by creating opportunities for staff to be heard?

- Is the organization a dynamic, growing organism that values everyone's contribution?

- Does the organization provide diversity training?

- How does the organization view teamwork, and what structures are in place to support the team-building process?

- How do lines of authority and communication operate in the organization?

- Do administrators know about—and understand the process and practices of—clinical supervision?

- If necessary, what is the plan for either recruiting new supervisors or training current ones?

- Are job descriptions and roles clear, current, and accurate?

- How much supervision of their supervision will the supervisors receive?

For more detailed information, see TIP 52, Part 2, A Guide for Administrators, Chapter 1, pages 92–99.

PROFESSIONAL DEVELOPMENT OF SUPERVISORS

Administrators can support clinical supervisors in their functions and monitor their professional development and performance by:

- Building a system to monitor, evaluate, and provide feedback to clinical supervisors.

- Creating IDPs with all supervisors.

- Helping them develop professional identities as supervisors.

- Providing time for them to work with a mentor (either someone from within the organization or an outside consultant).

- Requiring an annual minimum number of clinical supervision training hours.

- Offering time and resources for supervisors to participate in State or local support groups for supervisors.

- Providing job performance evaluations on a regular and timely basis.

For more detailed information, see TIP 52, Part 2, A Guide for Administrators, Chapter 1, page 99.

TOOLS

The following tools, found in TIP 52, are designed to make the tasks associated with implementing a clinical supervision system easier. These tools should be considered as prototypes and, in some cases, might even be used as is, provided they fit the context of the organization.

Tool 1.   Initial Organizational Assessment (page 102)

Tool 2.   Organizational Stage of Readiness To Change: Implementing a Clinical Supervision Program in Your Agency (pages 103–104)

Tool 3.   Goals for Supervision (page 105)

Tool 4.   Informed Consent Template (pages 106–107)

Tool 5.   Checklist for Supervisor Competencies (pages 107–108)

Tool 6.   Sample Policy on Substance Abuse (pages 108–109)

Tool 7.   Clinical Supervision Policy and Procedure (pages 110–111)

Tool 8.   Supervision Contract Template (pages 111–112)

Ordering Information

TIP 52

Clinical Supervision and Professional Development of the Substance Abuse Counselor

TIP 52-Related Product

Quick Guide for Clinical Supervisors Based on TIP 52

This publication may be ordered or downloaded from SAMHSA's Publications Ordering Web page at http://store.samhsa.gov. Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

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Other SAMHSA products that are relevant to this Quick Guide:

TIP 46: *Substance Abuse: Administrative Issues in Outpatient Treatment*

TAP 21: *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*

TAP 21-A: *Competencies for Substance Abuse Treatment Clinical Supervisors*

TAP 31: *Implementing Change in Substance Abuse Treatment Programs*

See the inside back cover for ordering information for all TIPs and related products.

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